

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO 870)**

SERIAL NO.

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	INO.	OCF.	INO.	OCF.	INO.	OCF.		INO.	OCF.	INO.	OCF.	INO.	OCF.
1	1						61						
2		1					62						
3							63						
4	1						64						
5							65						
6		1					66						
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40							100						
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45													
46													
47													
48													
49													
50													
TOTAL INO.	2						TOTAL INO.						
TOTAL OCF.	4						TOTAL OCF.						
TOTAL	6						TOTAL						